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CONFIRMATION NO. 6736

<b>SERIAL NUMBER</b> 10/065,410	<b>FILING OR 371(c) DATE</b> 10/16/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3623	<b>ATTORNEY DOCKET NO.</b> 201-0222
<b>APPLICANTS</b> Michael Cavaretta, Bloomfield, MI; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/24/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Handwritten signature</i> Acknowledged <i>Handwritten signature</i> Examiner's Signature <i>Handwritten signature</i> Initials <i>Handwritten initials</i>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 28395				
<b>TITLE</b> Satisfaction prediction model for consumers				
<b>FILING FEE RECEIVED</b> 740	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	